

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -1 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L59390
1. Corporation Name

GYROS KING CORPORATION

Principal Place of Business Mailing Address
C/O Mark H. Gregg 100360 Overseas Highway
89240 Overseas Highway Key Largo, FL 33037
S-5
Tavernier, FL 33070

3. Date Incorporated or Qualified 3/16/90
3a. Date of Last Report 4/18/96

2. Principal Place of Business 2a. Mailing Address
21 103900 Overseas Hwy 26 P.O. Box 3087
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 108 27
City & State City & State
23 Key Largo, FL 28 Key Largo, FL
Zip Country Zip Country
24 33037 25 Monroe 29 33037 30 Monroe

4. FEI Number 59-0192273 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Gregg, Mark H.
89240 Overseas Highway, S-5
Tavernier, FL 33070

10. Name and Address of New Registered Agent

81 Name Gregg, Mark H.
82 Street Address (P.O. Box Number is Not Acceptable) 99101 Overseas Highway
83
84 City Key Largo FL 85 Zip Code 33037

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mark H. Gregg* MARK H. GREGG DATE 4/29/97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P & D	<input type="checkbox"/> DELETE
NAME	Ferns, William	
STREET ADDRESS	P. O. Box 3087, NW	
CITY, ST, ZIP	Key Largo, FL 33037	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Ferns, Freda	
STREET ADDRESS	Post Office Box 3087, NW	
CITY, ST, ZIP	Key Largo, FL 33037	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Freda Ferns* Freda Ferns, Director. DATE: 4/30/97 DATE: 4/30/97
Daytime Phone #: (321) 487-0507

CR2E034 (9/96)